

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580164

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51						
2		/	/	/	/	/	52						
3		/	/	/	/	/	53						
4		/	/	/	/	/	54						
5		/	/	/	/	/	55						
6		/	/	/	/	/	56						
7		/	/	/	/	/	57						
8		7		/		/	58						
9		7		/		/	59						
10		7		/		/	60						
11		/		/		/	61						
12		1		/		/	62						
13		1		/		/	63						
14				1		/	64						
15				1		/	65						
16				1		/	66						
17				1		/	67						
18				1		/	68						
19				1		/	69						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1				TOTAL IND.						
TOTAL DEP.			19				TOTAL DEP.						
TOTAL CLAIMS			20				TOTAL CLAIMS						